Date:

Facility Name/Address:

Facility Phone Number:

BH Program Manager:

RPMS Site Manager:

Implementation Team

Staff member	Position	Telephone #	E-mail

General Site Questions

Types of Services Provided *(check all that apply)*	Mental Health ☐ Substance Abuse ☐ Medical Social Services ☐	Outpatient ☐ Inpatient ☐ Residential ☐
Satellite Clinics – location & types of services provided.		
Is the RPMS server on site? If not, where is it located?		
Will there be multiple BH programs (e.g. tribal and IHS) using the BH GUI on a shared server?		
Does each location have Internet/Intranet access?	Yes ☐ No ☐ Comment:	
Can each location connect to IHS e-mail?	Yes ☐ No ☐ Comment:	

1

Which RPMS applications is your site running?	
Does your facility use the IHS Electronic Health Record?	Yes ☐ No ☐ Comment:
Does your facility use RPMS Patient Information Management System (PIMS)?	Yes ☐ No ☐ Comment:
Does your facility use the RPMS billing application or a COTS billing application for BH services?	Yes ☐ No ☐ Comment:

Network Access & IT Support

Do all potential users have access to the system? If no, please document current plans to improve accessibility.	Yes ☐ No ☐ Comment:
Does your facility have on-site IT support? If yes, how many staff?	Yes ☐ No ☐ Comment:
Is there a designated BH Super-user or Clinical Application Coordinator (CAC)?	Yes ☐ No ☐ Comment:

Hardware/Software (BH Program)*

Does each BH provider have their own Personal Computer (PC)? Are they IBM compatible?	Yes ☐ No ☐ Comment:
Pentium III or greater with 128 MB or ore of RAM? (Preferred)	Yes ☐ No ☐ Comment:
Gigabyte or larger Hard Drive? (Preferred)	Yes ☐ No ☐ Comment:
17" VGA or SVGA monitor? (Preferred)	Yes ☐ No ☐ Comment:
Microsoft Windows suite (95, 98, NT, 2000), XP operating system (NT with SP6 or 2000 with SP2)?	Yes ☐ No ☐ Comment:
Windows Internet Explorer 5.0 or above?	Yes ☐ No ☐ Comment:

Data Security

Are computers in secure locations? If no, what plans are there to move the equipment or to ensure safety of data?	Yes ☐ No ☐ Comment:
Are computer screens visible to clients or other staff? If yes, will the computers be relocated, or monitor filters placed, to protect accidental disclosure of client-specific information?	Yes ☐ No ☐ Comment:
Is your program or facility using the RPMS PIMS Sensitive Patient Tracking module?	Yes ☐ No ☐ Comment:
Where are the network printers located? Will documents print to a particular machine in a secure location or in each clinicians' office?	Yes ☐ No ☐ Comment:
Does your program have policies and procedures in place that specifically address the use of an electronic health record (RPMS)?	Yes ☐ No ☐ Comment:

 *Please see the Technical Manual for complete Resource Requirements: http://www.ihs.gov/Cio/RPMS/index.cfm

Please return completed form to:
B J Bruning, BH User Support
ITSC, Indian Health Services
5300 Homestead NE
Albuquerque, NM 87110
(505) 248-4901
(505) 248-4199 fax